



# 2018 Quality Payment Program Documents for an Audit

Updated January 1, 2019

This guide will assist clinicians and practices in collecting and saving Quality Payment Program (QPP) documentation so that it is readily available if selected for an audit. All materials should be kept for ten years.



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## General Reporting Information

Practice name: \_\_\_\_\_

Practice TIN: \_\_\_\_\_

Person responsible for 2018 QPP reporting: \_\_\_\_\_

Additional contact name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Third party information, if applicable: \_\_\_\_\_

Staff name(s) with QPP portal login privileges who have a HARP account (HCQIS Authorization Roles and Profile):

\_\_\_\_\_

\_\_\_\_\_

Location of HARP login information: \_\_\_\_\_

[QPP User Access Guide \(HARP\)](#)

2018 data reported at Individual level (NPI) \_\_\_\_\_ OR Group level (TIN) \_\_\_\_\_

QPP Category	Reporting Period	How was data submitted? (select one)	Secure Electronic Location for Data Reports	Notes
Quality (full year reporting period)	1/1/18-12/31/18	Claims, EHR, registry, QCDR, or CMS Web Interface		
Promoting Interoperability (90 day reporting period)		EHR, registry, QCDR, attestation		
Improvement Activities (90-day reporting period for most activities, 6 months for PDMP activities)		EHR, registry, QCDR, attestation		

**REMINDER:** Click on PRINT button to save preliminary and final MIPS scores from the QPP Portal and keep in this binder.

List all of the clinicians who worked under the TIN during 2018. Include the following credentials: MD, DO, NP, PA, CNS, CRNA, DC, DPM, OD, DMD, and DDS.

Clinician Name	NPI	2018 Eligibility Status per qpp.cms.gov NPI look-up tool	Date clinician joined practice (if new in 2018)	Date clinician left practice in 2018 (if retired, moved, expired, etc.)
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		
		Individual: Yes or No		
		Group: Yes or No		
		ACO: Yes or No		

## Quality Category

- Saved quality reports that list clinician name(s) and reporting year, both electronically and hard copy
- Location of saved electronic version: \_\_\_\_\_
- Saved submission receipt (from EHR vendor or registry)

List of quality measures submitted:

Measure ID	Measure Title	Outcome or High Priority?	Numerator/Denominator	Performance Rate

## Promoting Interoperability (PI) Category

### Record the following information about your CEHRT:

- EHR vendor name and product: \_\_\_\_\_
- Edition used during 90 day reporting period (2014 or 2015 Edition): \_\_\_\_\_
- If EHR upgraded from 2014 to 2015 edition during 2018, date of upgrade: \_\_\_\_\_
- CHPL Certification Number (<https://chpl.healthit.gov/#/search>): \_\_\_\_\_
- Reporting Period (minimum of 90 days): Start date: \_\_\_\_\_ End date: \_\_\_\_\_
- Record where documentation is saved: \_\_\_\_\_

### Saved Security Risk Analysis

- Completed by \_\_\_\_\_ on (date) \_\_\_\_\_
- Included date and name of person who completed SRA within document and in title of document
- Location of saved electronic version of SRA: \_\_\_\_\_
- <https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>

### Saved PI report for each measure from CEHRT that includes clinician and/or practice name and the dates of the 90-day reporting period (saved both electronically and hard copy)

- Location of saved electronic version: \_\_\_\_\_

### Saved screenshots of the following:

- Documentation of a successful HIE exchange, such as sending a direct email message
- Examples of secure messages sent via the patient portal
- Documentation of how the patient portal is offered to patients (i.e. flyer, pamphlet, poster, policy stating office staff offer portal registration during check-in, etc.)
- Documentation of successful transmission of immunization data to immunization registry or email confirming registered intent to report or placed on a waiting list to report in 2018:  
Date and name: \_\_\_\_\_
- Location of saved electronic version: \_\_\_\_\_
- Documentation of engagement/onboarding with a public health or clinical data registry:  
Date and name: \_\_\_\_\_  
Date and name: \_\_\_\_\_
- Documentation that validates Drug Formulary and Drug-to-Drug interaction functionality are enabled

### Clicked on PRINT button following attestation on QPP portal or saved receipt from EHR vendor or registry if a third party submitted PI data on your behalf.

If a PI Hardship application was submitted, saved approval communication from CMS, open tickets with EHR vendor, and ONC complaint filed regarding EHR vendor, if applicable.

## 2018 PI Transition Measures

### Base Measures

	<b>Security Risk Analysis</b> (Must be answered YES and completed by 12/31/18)	<b>ePrescribing</b> (Must be $\geq 1$ or exclusion)	<b>Provide Patient Access</b> (Must be $\geq 1$ )	<b>Health Information Exchange</b> (Must be $\geq 1$ or exclusion)
<b>Numerator</b>	N/A			
<b>Denominator</b>	N/A			
<b>Performance Rate</b>	Must answer YES			

### Performance Measures

	<b>View, Download and Transmit</b>	<b>Provide Patient Access</b>	<b>Health Information Exchange</b>	<b>Patient Education</b>	<b>Secure Messaging</b>	<b>Medication Reconciliation</b>	<b>Immunization Registry (Yes/No)</b>
<b>Numerator</b>							N/A
<b>Denominator</b>							N/A
<b>Performance Rate</b>							Yes or No

### Bonus Points

<b>Reported to Public Health or Clinical Data Registry other than immunization registry</b>	YES: 5 points
<b>Utilized CEHRT to complete at least one Improvement Activity designated as providing PI bonus</b>	YES: 10 points

## Improvement Activities Category

Saved documentation of the [2018 Improvement Activities](#) completed during the minimum 90-day reporting period.

- Saved required documentation per the CMS [MIPS Data Validation Criteria](#)
- Included clinician name or practice name of who completed each activity and the reporting period when the activities were completed  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Save documentation - both electronically and hard copy
- Location of saved electronic version: \_\_\_\_\_

Clicked on PRINT button following attestation on QPP portal, if attestation necessary.

Name of Improvement Activity Completed	Activity #	Weight: High or Medium	Reporting Period

## Cost Category

- Cost measures are calculated by CMS based on administrative claims - no data submission required
- [2018 Cost Fact Sheet](#)

## Other – Optional

- Emails/supporting documentation of questions asked and answers received from the CMS QPP Service Center during 2018
- Clicked on PRINT button to save preliminary and final MIPS scores from the QPP Portal to keep in this binder.